

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986

**APPLICATION FOR TEMPORARY LICENSURE AS AN AUDIOLOGIST OR  
SPEECH-LANGUAGE PATHOLOGIST**

<b>SECTION A - Personal Information</b> (All applicants for a temporary license must complete this section.)				
1	Name:	First:	Middle:	Last:
2	Present Address	Street/PO/Route:		
		City:	State:	Zip:
3	Home Telephone - Optional:			
4	Social Security Number:			
5	Date of Birth:			

(Attach a notarized copy of your birth certificate, marriage license, driver's license or other valid verification of age)

6	Place of Birth:	
7	<b>Moral Character:</b>	
a	Have you been convicted of a misdemeanor or felony other than a minor traffic violation? <div>Answer Yes or No</div>	
b	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner? <div>Answer Yes or No</div>	

If you answered **YES** to the above, you must request the following documents be sent directly to this office:

- Official Court Record, which includes charges and disposition
- If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)
- If you are currently on probation, a letter from you probation officer addressing probationary conditions and your current status
- If your license in health care in another state has been revoked, suspended, limited or disciplined in any way, an official copy of the disciplinary action, including charges and disposition

Are you licensed or certified in another state? <div>Answer Yes or No</div>		
If yes, list state(s):		
Has any action ever been taken against your license/certificate or is there any pending disciplinary action? <div>Answer Yes or No</div>		
If yes, state date, type of action, and name and address of entity taking such action:		
Type of Action	Date of Action	Name/Address of entity taking action

**Attestation by the applicant:**

1	Have you practiced in Nebraska prior to the application for a license? <div>Answer Yes or No</div>	
2	If yes, what are the actual number of days you practiced in Nebraska prior to licensure?	

<b>SECTION B - Area of Temporary Licensure:</b> (All applicants for licensure must complete this section.)			
$\pi$	Audiology	$\pi$	Speech-Language Pathology

<b>SECTION C - Education:</b> All applicants must submit or cause to be submitted an official transcript showing proof of a master's degree or its equivalent in audiology or speech-language pathology from an approved academic program.			
Name of College/University	Location	Dates Attended	Degree Obtained

<b>SECTION D - Examination.</b>	
Have you passed the Praxis Series Specialty Tests for Audiology or Speech Language Pathology?	
Answer Yes or No	
If yes, please provide official documentation. If no please complete Attachment A 1.	

<b>SECTION E - Clinical Fellowship Year (CFY)</b>	
Have you completed your Clinical Fellowship Year?	
Answer Yes or No	
If Yes, please indicate the completion date and have your supervisor complete and submit the "Documentation of Completion of the Clinical Fellowship Year" form to the Credentialing Division. (Attachment A1)	Completion Date:
If no, please indicate beginning date and supervisor's name:	
Beginning Date:	
Supervisor's Name:	

<b>SECTION F – Certification of Applicant</b>
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<b>CERTIFICATION</b>	
I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.	
_____ Signature of applicant	_____ Date

Temporary License Fee \$20.00